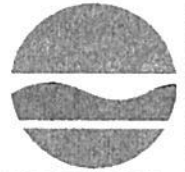


**New York State Department of Environmental Conservation
Hazardous Waste Report
Site Identification Form
Calendar Year Being Reported - 2014**



1. Site EPA ID Number	EPA ID Number <u>NY D002009231</u>		
2. Site Name	Name: <u>Three Star Anodizing of Wappingers Inc</u>		
3. Site Location Information	Street Address: <u>Market St Industrial Park</u>		
	City, Town, Village: <u>Wappingers Falls</u>	County Code: <u>Dutchess</u>	
	State: <u>NY12590</u>	Zip Code: <u>12590</u>	
4. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		
5. NAICS Codes for the Site: (enter at least a 5 digit code)	A. <u>99999</u>	B. <u> </u>	
	C. <u> </u>	D. <u> </u>	
6. Site Mailing Address	Street or P.O. Box: <u>625 Broadway</u>		
	City, Town, Village: <u>Albany</u>		
	State: <u>NY</u>	Country: <u>United States</u>	Zip Code: <u>12233</u>
7. Site Contact Person	First Name: <u>Mike</u>	MI: <u></u>	Last: <u>Mason</u>
	Title: <u>Project Manager</u>		
	Street or P.O. Box: <u>625 Broadway</u>		
	City, Town, Village: <u>Albany</u>		
	State: <u>NY</u>	Country: <u>United States</u>	Zip Code: <u>12233</u>
	Email: <u></u>		
	Phone: <u>5184029813</u>	Ext: <u></u>	Fax: <u></u>
8. Legal Owner of the Site	Name of Site's Legal Owner: <u></u>		Date Became Owner: <u></u>
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		
	Street or P.O. Box: <u>Market St Industrial Park</u>		
	City, Town, Village: <u>Wappingers Falls</u>	Phone: <u></u>	
	State: <u>ny</u>	Country: <u>United States</u>	Zip Code: <u>12590</u>
9. Legal Operator of the Site	Name of Site's Operator <u>Three Star</u>		Date Became Operator: <u>01/01/1900</u>
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		

10. Type of Regulated Waste Activity

Mark "Y" or "N" for all current activities (as of the date submitting this form); complete any additional boxes as instructed.

A. Current Hazardous Waste Activities; Complete all parts 1 -7.Y ☒ N ☐ **1. Generator of Hazardous Waste**

If "Yes", mark only one of the following - a, b, or c.

☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.


☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.☐ a. Transporter☐ b. Transfer Facility (at your site)Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: a hazardous waste permit is required for these activities.Y ☐ N ☒ **4. Recycler of Hazardous Waste**Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Furnace ExemptionY ☐ N ☒ **6. Underground Injection Control**Y ☐ N ☒ **7. Receives Hazardous Waste from Off-Site****B. Universal Waste Activities; Complete all parts 1 - 2**Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more of any universal wastes at any time) Indicate types of universal waste managed at your site. If "Yes", mark all that apply.☐ a. Batteries☐ b. Pesticides☐ c. Mercury containing equipment☐ d. LampsY ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.**C. Used Oil Activities; Complete all parts 1 -4**Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark all that apply.☐ a. Transporter☐ b. Transfer Facility (at your site)Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.☐ a. Processor☐ b. Re-refinerY ☐ N ☒ **3. Off-Specification Used Oil Burner**Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.☐ a. Marketer Who Directs Shipment of Off-Specification used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

[illegible]

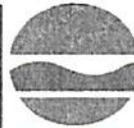
12. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of legal owner, operator, or their authorized representative	Name and Official Title (please print)	Date Signed (mm/dd/yyyy)
	KRISTOPHER KEENAN NYS DEC- DER	05/22/2015

Site Name: Three Star Anodizing

EPA ID Number N.Y. D002009231

Calendar Year Being Reported (CYBR) - 2014



N. Y. S. DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

Hazardous Waste Report

GM
FORM

WASTE GENERATION
AND MANAGEMENT FORM

Sec. 1 Waste Characterization		A. Waste Description Contaminated Soil							
B. EPA Hazardous Waste Codes <u>D040</u>				C. State Hazardous Waste Codes					
D. Source Code <u>G19</u> Management Method Code for Source Code G25		E. Form Code <u>W101</u>		F. Quantity Generated in CYBR <u>5258.53</u> UOM <u>2</u> Density <u> </u> Lbs/gal				G. Waste Minimization Code <input checked="" type="checkbox"/>	
								H. Regulatory Fees Wastewater <input type="checkbox"/> Exempt Remedial <input checked="" type="checkbox"/> Exempt Recycling <input type="checkbox"/>	
Sec. 2 Waste Management On Site		A. Was any of this waste managed on-site? <input type="radio"/> Yes (COMPLETE ON-SITE PROCESS SYSTEM 1) <input checked="" type="radio"/> No (SKIP TO SEC 3)							
B. ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2					
On-site Management Method Code		Quantity treated, disposed, or recycled on site in CYBR		On-site Management Method Code		Quantity treated, disposed, or recycled on site in CYBR			
<u>H</u>		<u> </u>		<u>H</u>		<u> </u>			
Sec. 3 Waste Management Off Site		A. Was any of this waste shipped off site during CYBR? <input checked="" type="radio"/> Yes (CONTINUE TO ITEM B) <input type="radio"/> No (FORM IS COMPLETE)							
Site 1	B. EPA ID No. of facility to which waste was shipped <u>CDX850000000</u>			C. Off-site Management Method Code shipped to <u>H141</u>			D. Total quantity shipped in CYBR <u>5258.53</u>		
Site 2	B. EPA ID No. of facility to which waste was shipped			C. Off-site Management Method Code shipped to			D. Total quantity shipped in CYBR		
Site 3	B. EPA ID No. of facility to which waste was shipped			C. Off-site Management Method Code shipped to			D. Total quantity shipped in CYBR		
Comments									

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**New York State
Department of Environmental Conservation
Division of Environmental Remediation**

2014

**Instructions for Completing
the
Annual Hazardous Waste Report**

Box D: Source Code and Management Method Code for Source Code G25

Enter the Source Code that best describes how the hazardous waste reported in Box A originated. If the hazardous waste was mixed with other non-hazardous waste, report the Source Code for only the hazardous waste portion. Codes and descriptions are provided in Section IX. C. of these instructions. For Source Code **G25**, you also need to provide the Management Method Code. Management Method Codes are provided in Section IX. D. of these instructions. A Source Code of **G25** indicates that this waste was generated from a hazardous waste management system described on a separate GM or WR Form. For all other Source Codes leave Management Method blank.

Box E: Form Code

Review the Form Codes in IX. E of these instructions and enter the code that best corresponds to the physical form or chemical composition of the hazardous waste reported in Box A.

Box F: Quantity Generated in Calendar Year Being Reported

Enter the total quantity of the hazardous waste described in Box A that was generated during the calendar year being reported. Right justify the quantity entry. Leave quantity generated **blank** if the waste was generated prior to the calendar year being reported and treated on-site and/or shipped off-site during the calendar year being reported, or if the Source Code is G61 through G75, indicating the waste was received from off-site.

- **Unit of Measure**

Enter the Unit Of Measure (UOM) Code for the quantity you reported in Box F. Report quantities in one of the Units of Measure listed below. Weights are preferred: pounds (1), short tons (2), kilograms (3), or metric tons (4). If you select a volumetric measure: gallons (5), liters (6), or cubic yards (7), you must also report the density of the waste.

Code	Unit of Measure
1	Pounds
2	Short Tons (2,000 pounds)
3	Kilograms
4	Metric Tons (1,000 kilograms)
5	Gallons
6	Liters
7	Cubic Yards

- **Density**

Complete a density entry only if you used Code 5, 6, or 7 as a Unit of Measure for Box F. Enter a density in either pounds per gallon (lbs./gal) or specific gravity (sg), and check the appropriate box. If the density is unknown, enter 1.00 in the density space and check the box marked "sg". **Be careful not to enter 8.34 and then check the "sg" Box. This would translate into a volumetric measurement of 69.55 lbs./gal. Conversely, do not enter 1.00 and then check the "lbs./gal" Box. This would translate into a volumetric measurement of only 1 lb/gal.**

Nelson, Scott

From: Norfleet, Antoinette D (DEC) <antoinette.norfleet@dec.ny.gov>
Sent: Tuesday, June 02, 2015 3:00 PM
To: Nelson, Scott
Cc: Mason, Michael (DEC); Keenan, Kristopher W (DEC)
Subject: 2014 Annual Report for Three Star Anodizing NYD002009231
Attachments: NYD002009231ThreeStar.pdf

Nelson,

Kristopher Keenan asked me to email you the 2014 Annual Report for Three Star Anodizing NYD002009231. It is attached. If you need any other information, please let me know.

Toni

Antoinette Norfleet
NYS Department of Environmental Conservation
625 Broadway
Albany, NY 12233-7252
(518)402-8730